

**WISCONSIN MEDICAID
SPECIALIZED MEDICAL VEHICLE TRANSPORTATION TRIP TICKET /
MEDICAL CARE VERIFICATION COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires information to enable Medicaid to certify providers and to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for services.

Provision of the information requested on this form is mandatory. However, the use of this version of the form is voluntary, and providers may develop their own form as long as it includes all the information on this form.

INSTRUCTIONS

1. Type or print clearly.
2. Providers may use this form or an equivalent version. If providers use their own version, it must contain the same elements as the Wisconsin Medicaid version.
3. Wisconsin Medicaid requires a completed trip ticket for each transport.
4. In the box labeled "Vehicle Identification," one of the following must be entered:
 - Vehicle identification number (VIN).
 - License plate number.
 - Locally assigned number.
 - Human service vehicle company or fleet number.
5. Specialized medical vehicle (SMV) providers are responsible for verifying that a recipient is eligible for Wisconsin Medicaid at the time the transportation is provided.
6. Where odometer readings are requested, providers must use the actual odometer reading, including tenths of a mile. No other mileage calculations, such as grid maps or city block calculations, will be accepted.
7. Specialized medical vehicle providers may obtain documentation of the medical nature of the destination for their records by having the medical service provider sign this form in the space provided in the area marked "SIGNATURE — Person Verifying Medicaid-Covered Service."
8. For more information on SMV documentation, contact Wisconsin Medicaid Provider Services at (800) 947-9627 or (608) 221-9883.